

<b>REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)</b>			THIS RFO <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE OF PAGES 1 12	
1. REQUEST NO. N00173-05-Q-0038	2. DATE ISSUED 03-14-05	3. REQUISITION/PURCHASE REQUEST NO. 57-4072-05	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1		RATING	
5a. ISSUED BY Supply Officer (Code 3410) NRL, Washington, DC 20375			6. DELIVER BY (Date) 04-25-05			
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY			
NAME Monica Y. Osborne		TELEPHONE NUMBER AREA CODE NUMBER 202 767-1995		<input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)		
8. TO:			9. DESTINATION			
a. NAME All Quoters		b. COMPANY		a. NAME OF CONSIGNEE Naval Research Laboratory		
c. STREET ADDRESS			b. STREET ADDRESS 4555 Overlook Ave SW bldg 49			
d. CITY			c. CITY Washington			
e. STATE		f. ZIP CODE		d. STATE DC	e. ZIP CODE 20375-5329	
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 3-24-05			IMPORTANT: This is a request for information, and quotations furnished are not officers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter.			

**11. SCHEDULE (Include applicable Federal, State and local taxes)**

ITEM NO. (a)	SUPPLIES/ SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	See attached continuation sheets.				

12. DISCOUNT FOR PROMPT PAYMENT	a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS	
				NUMBER	PERCENTAGE

NOTE: Additional provisions and representations ☐ are ☐ are not attached.

13. NAME AND ADDRESS OF QUOTER			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION
a. NAME OF QUOTER					
b. STREET ADDRESS			16. SIGNER		
c. COUNTY			a. NAME (Type or print)		b. TELEPHONE
d. CITY			c. TITLE (Type or print)		AREA CODE
e. STATE f. ZIP CODE			NUMBER		

STANDARD FORM 36 JULY 1966 GENERAL SERVICES ADMINISTRATION FED. PROC. REG. (41 CFR) 1-16.101		<b>CONTINUATION SHEET</b>		REF. NO. OF DOC. BEING CONT'D N00173-05-Q-0038		PAGE OF 2 12	
NAME OF OFFEROR CONTRACTOR							
All Quoters							
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT		
0001	<p>EMCO Model 5317            GTEM! Cell test chamber            -Double walled honeycomb aluminum panels with framing systems. 13.34' W x 25.40' L x 10.00' H with base 406.5cm x 774.08cm x 305.00cm            -One (1) shielded door 40.75" W x 60.83" H clear opening, (103.5cm x 154.5cm)            -Removable bolt-on feed section            -Mobile base with locking casters            -ETS-Rantec absorber material            -One (1) fiber optic penetration            -Three (3) "N" type connectors            -One (1) 20 amp, 2 line power filter            -Two (2) AC receptacles            -One (1) 7/16" DIN to type "N" adaptor            -Manual emissions correlation software            -5400 GTEM! series manual            -Shipped disassembled            -Working supervisor for installation            -Individually characterized with results of TDR and VSWR test</p> <p>-Brand name or equal</p> <p>If available please include a published price list or a cost breakdown and return the RFQ package to the following fax number (202)767-1708 or (202) 404-8158.</p> <p>Any questions concerning this Request for Quotation (RFQ) must be e-mailed to SolQnA@condor.nrl.navy.mil at least (5) days before closing date shown in block 10 on page 1 of the RFQ.</p>	1	ea				